



RHODE ISLAND STATE POLICE



PUBLIC RECORDS REQUEST FORM

Date: _____ Request Number: _____

Barracks/Bureau/Unit: _____

Name (optional): _____

Address (optional): _____

City/Town, State, Zip (optional): _____

Telephone Number (optional): _____ Home _____ Work _____

Requested Records: _____

If these records are not readily available at the time of your request, please advise whether you desire to:

_____ Pick up the records _____ Records to be sent regular mail

For Office Use Only

Request Taken By: _____ Request Number: _____

Date: _____ Time: _____ Records Available on: _____

Records Provided: _____ Yes _____ No _____ In Part

Date response provided if any exemptions are claimed: _____

Costs for Records: _____ Copies = \$ _____ Search & Retrieval = \$ _____

Rhode Island State Police – Access to Public Records Request Receipt

If you desire to pick up the records, they are expected to be available on _____ at the front desk. If, after review of your request, the Division determines that the requested records are exempt from disclosure for a reason set forth in R.I.G.L. § 38-2-2(4)(i)(A) through (W), the Division reserves its right to claim such exemptions.

Note: If you choose to pick up the records but did not include identifying information on this form (name, etc.), please inform the trooper at the front desk of the date you made the request, records requested and request number _____.